



Vulval pain

The medical professionals involved in your care can give you advice on medical interventions for vulvodynia.

Adjusting to long-term pain

How long the pain lasts varies between women. Some women may experience pain for a couple of months and it then stops. Others continue to experience some pain but it becomes much less intense. Vulval pain may mean adapting to a new way of life, taking your symptoms into consideration. Your relationships, work and hobbies may all be affected. Coming to terms with these changes and making

adjustments to make sure that you can still enjoy life is a difficult process. If you are struggling with this, ask your GP for support. There may be local services that can help, such as a pain-management service.

Further information and help

The Vulval Pain Society
www.vulvalpainsociety.org/vps/

Pudendal Hope
www.pudendalhope.info/

Pelvic Pain Support Network
www.pelvicpain.org.uk/

The author: Dr Shona Brown is clinical psychologist with Expect, NHS Lothian's multidisciplinary pelvic pain service.

Long-term pelvic pain

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- Vulvodynia: Airing Pain radio programme 87 and accompanying leaflet, Vulval Pain
- Bladder Pain Syndrome: Airing Pain radio programme 88 and accompanying leaflet.

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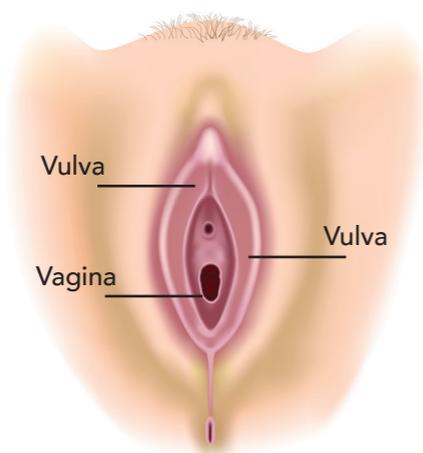
Find out more at painconcern.org.uk

Pain Concern
 62-66 Newcraighall Road, Edinburgh EH15 3HS
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What is vulval pain?

Vulval pain is described as soreness, and sometimes burning or itching, in the vulval area (the skin around the vaginal opening). For some women the pain is constant. For others it happens during sex or smear tests or when using tampons. You may have been told you have a condition such as vulvodynia, vestibulodynia or pudendal neuralgia. Women are often told that their test results (for infection or cancer) are normal. This can make them worry that other people do not believe they are constantly in pain, or that they are making it up.



The pain is very real and can be distressing to live with. Scientists are learning more about vulval pain and what causes it. This leaflet aims to tell you more about this, and what other women living with vulval pain have found helpful in managing it.

How is vulval pain diagnosed?

Doctors diagnose vulval pain by asking about your symptoms and examining you.

Why do I have vulval pain?

The symptoms often begin 'out of the blue', with no obvious trigger.

Sometimes women experience vulval pain after childbirth, repeated infections (for example, thrush), or following another medical condition affecting the vulva. The pain can develop over time or start suddenly. Scientists are still trying to find out why some people develop vulval pain. We do know that it is linked with oversensitivity in the pain system.

We need our body to send pain signals when there is damage that needs attention. However, the pain system can sometimes not work properly, and continues to send signals when there is no damage. Nerve fibres can become oversensitive, and those in the vulval area will then send pain signals instead of recognising gentle touching or stretching.

A problem with the pain nerves does not show up on visual examination, blood tests, scans or other medical tests. This is why tests come back normal. This does not mean there is nothing wrong, but helps show that it is a problem with pain signalling in the vulval area. Our leaflet **Neuropathic Pain** has more information about the science of the pain system.

Pudendal neuralgia is one form of vulval pain and results from pressure

on the pudendal nerve which travels to the vulval area. Women with this condition often experience pain when sitting, and can gain some relief from standing or lying.

What can help?

Learning more about the condition

People find it helpful to learn more about vulval pain. On our website you will find a radio programme, **Airing Pain programme 87**, which accompanies this leaflet. The Vulval Pain Society has more information about different types of vulval pain, treatment options and links. See the end of this leaflet for contact details.

Managing vulval pain

It can help to pace activities that make the pain worse (such as exercise, bending, squatting and sitting). Often people continue with an activity until the pain is very intense, and then have to rest and recover. Pacing an activity means completing a chunk of activity but then resting, or changing to a different activity, before the pain becomes more intense. You may find it helpful to pace how long you sit for, perhaps alternating sitting with standing. A gel or 'donut' cushion can help when sitting. Pacing sexual

activity can be especially difficult, and we cover this topic in our leaflet **Sex and Chronic Pain**.

Some women find it helpful to wear loose clothing and reduce their use of things that might irritate the vulva. These include creams, washing powder and feminine-hygiene products (for example, sanitary towels).

Pelvic floor muscles

Tension in your pelvic floor muscles may cause vulval pain or an unhelpful response to pain which makes things feel worse. You may not always recognise that your pelvic floor muscles are tense, and specialist physiotherapy assessment and treatment can help with this. Physiotherapists use a range of techniques and aids to help relax the pelvic floor muscles. There are physiotherapists who specialise in this area of work. Learning to relax your pelvic floor muscles can be helpful if you find sex painful.

Managing stress

Stress does not cause vulval pain, but when we are stressed our pelvic floor muscles are often tense and this has been shown to be linked to pelvic pain. The chemicals our bodies release when we are stressed (adrenaline and

cortisol) affect the nervous system by 'turning up the volume' of pain signals. Living with vulval pain is life-altering and this can be stressful. Practising a relaxation technique such as progressive muscle relaxation, soothing rhythm breathing, guided imagery or mindfulness meditation can be helpful. Our leaflet **Stress, Pain and Relaxation** gives you more information about managing stress.

Medical treatments

There is no medication to cure vulval pain. Medication can help to lessen the symptoms but there is not one medicine that helps everyone. Some medicines act on the nervous system to dampen down the oversensitive nerve fibres. Some women worry about the fact they have been prescribed an antidepressant medicine for pain. These medicines have lots of uses and this does not mean that your doctor thinks you are depressed, or that depression is the cause of your pain.

Some women find creams and lotions can provide some relief. It is best to discuss with your doctor which ones to use and how often to use them. For women with pudendal neuralgia, pudendal nerve block injections can be helpful.